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	Document ID	Title
1	US 4355372 A	Market survey data collection method
2	US 5041972 A	Method of measuring and evaluating consumer response for the development of consumer products
3	US 5740035 A	Self-administered survey systems, methods and devices
4	US 5893098 A	System and method for obtaining and collating survey information from a plurality of computer users
5	US 6078922 A	Market research database having historical control designator
6	US 6151586 A	Computerized reward system for encouraging participation in a health management program
7	US 6189029 B1	Web survey tool builder and result compiler
8	US 6556974 B1	Method for evaluating current business performance
9	US 6594638 B1	On-line method and apparatus for collecting demographic information about a user of a world-wide-web site and dynamically selecting questions to present to the user
10	US 6732095 B1	Method and apparatus for mapping between XML and relational representations
11	US 6754635 B1	Method and apparatus for automating the conduct of surveys over a network system
12	US 6799723 B2	Automated voting system
13	US 6807532 B1	Method of soliciting a user to input survey data at an electronic commerce terminal
14	US 6859784 B1	Automated research tool

	Document ID	Title
15	US 6877034 B1	Performance evaluation through benchmarking using an on-line questionnaire based system and method
16	US 6895388 B1	Communication schema of online system and method of locating consumer product in the enterprise production pipeline
17	US 6895405 B1	Computer-assisted systems and methods for determining effectiveness of survey question
18	US 6912521 B2	System and method for automatically conducting and managing surveys based on real-time information analysis
19	US 20010054046 A	Automatic form handling method for employment application through Internet, involves creating tables comprising storage elements corresponding to submission fields of form in application database
20	US 20010049621 A1	Benchmarking surveys
21	US 20020007303 A1	System for conducting electronic surveys
22	US 20020032598 A1	Apparatus and process for evaluating survey data
23	US 20020052774 A1	Collecting and analyzing survey data
24	US 20020055869 A1	Housing market analysis method
25	US 20020103777 A1	Computer based knowledge system
26	US 20020120491 A1	Interactive survey and data management method and apparatus
27	US 20020128898 A1	Dynamically assigning a survey to a respondent
28	US 20020156673 A1	Automated survey system

	Document ID	Title
29	US 20020194329 A1	Method and system for facilitating multi-enterprise benchmarking activities and performance analysis
30	US 20030004779 A1	Method and system for online benchmarking and comparative analyses
31	US 20040078273 A1	Method and apparatus for relational linking based upon customer activities

Ref #	Hits	Search Query	DBs	Default Operator	Plurals	Time Stamp
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S23	7	("5852819" "5909669" "5956709" "6038544" "6556974" "6574621" "6728693").PN. OR ("6877034").URPN.	US-PGPUB; USPAT; USOCR	OR	OFF	2005/07/13 09:14
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S2 87 S1 AND PD<20010613
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2/9/4 (Item 3 from file: 13)

DIALOG(R)File 13:BAMP

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I.T. Boosts HMO Medical Management Efforts

(Managed care plans are finding that wellness outreach, disease management and provider profiling initiatives pack more punch when they are supported by information technology)

Article Author(s): McCormack, John

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TEXT: Managed care plans are finding that wellness outreach, disease management and provider profiling initiatives pack more punch when they are supported by information technology.

By John McCormack

Senior Editor

Last November, United HealthCare declared that physicians would have "final say" regarding medical treatment decisions. The announcement from the national managed care organization set off a flurry of coverage by the mainstream media, speculation by industry insiders, and even discussions among family members, friends and colleagues.

The idea of an HMO putting clinical decision making responsibilities back into the hands of physicians struck a chord with many. Since their inception, HMOs have used pre-authorization of treatments, specialist referrals and inpatient hospital stays as a primary means of monitoring quality and controlling costs.

But the model--long a public relations nightmare for the managed care industry--could be losing ground, some industry experts say. To become more effective, managed care organizations are looking for new ways to manage medical care and costs.

"The traditional ways of managing medical costs have basically reached their limit in terms of effectiveness," says Kurt Miller, a health care consultant with Arthur Andersen Consulting, Chicago. "HMOs need to start thinking about other forms of medical management that might have better cost and quality returns."

Exploring the options

Already, many HMO executives have such options on their minds. They are turning to wellness outreach, disease management and provider profiling as primary components of their medical management initiatives.

Success, however, could hinge on using information technology to go beyond established medical management initiatives, says Vince Kuraitis, principal of Better Health Technologies, an information technology consulting firm in Boise, Idaho. "The opportunities are there for the taking. Health plans need to leverage information technology to be more aggressive with medical management," Kuraitis says.

Some HMOs are using information technology to invigorate their medical management initiatives. For example, these HMOs are:

- * Using the Internet to provide interactive surveys, health risk assessments and real-time feedback to members, instead of merely posting wellness information on their Web sites.
- * Using information systems that identify candidates for disease management programs, instead of merely allowing members to enroll on their own.
- * Using the Internet to enable patients enrolled in disease management programs to send information about their health status to clinicians and receive frequent feedback from clinicians, instead of merely giving patients feedback during office visits.
- * Using software to analyze physicians' practice patterns and compare these patterns to best practices.

These initiatives, many industry experts say, are helping to form a "patient-centric" managed care model. Such a model enables patients and physicians to take responsibility for medical decisions. And HMOs, instead of controlling costs through treatment authorizations and denials, simply give members and doctors the tools that will help them make decisions that will result in better care--and ultimately reduced costs (see story, page 126).

Consumer in charge

Giving consumers the tools to take more control of their health is at the center of many managed care organizations' Internet strategies. Many of these organizations, for example, use their Web sites to provide their members with access to wellness information. Providing such information is at the heart of the medical management strategy at Health Net, an HMO based in Woodland Hills, Calif. But HMO executives recently decided that they wanted their members to get even more out of Web site visits.

"We have really built our reputation on providing high quality health and wellness information to members. We wanted our members to use our Web site for more than getting access to generalized health information though," says Cindy Keitel, associate vice president for health improvement and wellness.

Risky business

To do so, Health Net added an interactive risk-assessment application from WellMed, Portland, Ore., to the mix of educational resources available on its Web site, www.healthnet.com. The application enables users to assess their health risks, receive suggested health improvement tips based on this analysis, and then electronically track their progress in addressing the risks.

After logging on to Health Net's Web site, users access the health risk appraisal tool. The application asks a series of questions and then gives users a score, which is compared with an average score for the users' age group. The application then provides specific directives for health improvement, such as "stop smoking" or "reduce fat intake." Users can come back and take the test at a later date to assess if they have made any progress.

photo omitted

"It gives members the ability to do their own medical management," Keitel says. "The program is something that can help all members. It's more than typical care management. Someone with a health condition certainly can use it and benefit--but so can people who are healthy."

The personalization makes the tool much more effective than straightforward content, says Philip Marshall, M.D., director of health records for the Portland, Ore.-based WellMed.

"The Internet provides a lot of opportunity for health plans to get information to members. But they have to use the Internet right. They have to use the Internet to get relevant information to each user who visits their site," Marshall says. The initiative is not tied specifically to any cost reduction efforts per se, Keitel says. Nevertheless, the interactive tool could eventually help improve the medical decision making process by giving patients better information about their own health.

"The tool won't necessarily cut down on the number of doctor visits," Keitel says. "It will help consumers develop more confidence about their own ability to make health decisions, though, Consumers will get more involved in the decision making process. It will change the nature of the physician-patient relationship."

Coping systems

Wellness outreach programs, such as Health Net's, are designed to keep members healthy, thereby reducing service utilization and costs. Some members, of course, still develop chronic diseases. But many HMOs are discovering that aggressive use of information technology can help manage even these chronically ill members.

For example, using information technology to enroll more members in disease management programs is one way that HMOs can help more members cope with their diseases. These programs support chronically ill members with a combination of education, one-on-one support and clinical monitoring. At the same time, use of these technologies also can help HMOs reduce expenditures.

Depending on members to volunteer for disease management programs typically results in small enrollments. And, trying to identify appropriate candidates for these programs by manually reviewing claims information is cumbersome and time consuming.

Using information technology, however, can help health plans quickly and accurately identify potential case and disease management participants.

Disease management

For example, Nationwide Health Plans--a 100,000-member, Columbus, Ohio-based managed care organization with HMO, PPO and point of service products--is using software from Heads Up Inc., Chicago, to identify appropriate candidates for its disease management programs.

The software uses algorithms--advanced mathematical analysis models--to analyze claims data for each member. A risk score is then assigned to each member. "From there, you can get a better sense of which patients have complicated medical problems or conditions that could lead to high utilization," says Mary Mortenson, M.D., Nationwide's vice president and medical director.

After identifying the members at risk, the software deploys various other algorithms to determine if these members are suffering from chronic conditions such as asthma or diabetes--or if the preponderance of claims were merely the result of an isolated occurrence such as a car accident.

The results can sometimes be surprising. When such an analysis identified the members who could benefit from enrollment in a diabetes management program at Nationwide, HMO administrators were surprised to find that only 25% of these members realized they had diabetes. The others merely thought they had a minor blood problem--not necessarily diabetes, Mortenson says. She expects that use of the software will enable the HMO to double the number of members enrolled in these diabetes programs.

"Our nurses then can make sure these patients fully understand their condition," Mortenson says. "We can extend what the physician is doing with these members. The nurses help them understand the need for compliance with medications and what to do if a problem arises. The nurses also work with the members to encourage them to take advantage of all of the preventive services offered."

Wellmark Blue Cross Blue Shield of Iowa, a 1.5 million-member managed care organization that operates HMOs and PPOs, also is using information technology to increase participation in its disease management programs. Software from ThinkMed, Milwaukee, Wis., scans claims data to identify members who might be at risk for certain diseases or conditions.

Using the software is much more efficient than manually reviewing claims to try to find potential case or disease management program participants, says De De Gorsche, team leader of care and disease management at Wellmark.

For example, the HMO uses the ThinkMed system to search the claims database to identify women who have had a certain laboratory test that indicates they are in the early stages of pregnancy. Without using the software, the HMO would have no way of knowing when members become pregnant.

Such identification has increased enrollment in the pregnancy case management initiative from just 17% of the HMO's pregnant members to more than 70% of the pregnant members. "Women who participate in the program demonstrate a lower rate of pre-term delivery and low-weight infants," says Gorsche. "Getting more people in the program clearly improves the quality of care."

More interaction

Getting members enrolled in disease management programs is one thing; actually getting them involved is quite another. But HMOs can make these programs stronger by using information technology to facilitate interaction between patients and clinicians.

For example, Empire Blue Cross Blue Shield of New York, a 4.1 million-member managed care organization that offers HMO, PPO and indemnity health plans, is using technology from Health Hero Network Inc., Mountain View, Calif., to connect congestive heart failure patients to their physicians via the Internet.

Each member enrolled in the Rochester, N.Y.-based HMO's program receives a Health Hero Health Buddy Personal Information Appliance, an in-home messaging device that connects to standard telephone lines. The device includes a small monitor where members can view their personal Web page, which contains messages from the case manager. The device also includes four buttons that enable patients to enter responses to questions such as "Did your weight increase?" or "Did you overeat yesterday?"

The patients' responses are sent through the telephone lines to the Health Hero Web site, where case managers can access individual patients' pages. Patient responses are graphically presented to the case manager, who is then able to assess a patient's health and respond immediately to any symptoms or problems. Patients can then view the case managers' recommendations on their device's screen.

"This is a good way to enable the patients to have more control over their own health," says Matt Slater, a spokesperson for Empire. "It also acts as an early warning system for the health plan so we can respond to any problems patients are having."

Although Empire has not yet quantified cost savings from the initiative, it expects that the improved care will lead to reduced dollars spent. "If you can prevent someone from having a heart attack, that is a valuable service in and of itself," Slater says. "It also can save the health plan around \$100,000."

PacifiCare of Texas, a unit of Santa Ana, Calif.-based PacifiCare Health Systems Inc., also is using at-home technology to monitor congestive heart failure patients' weight and symptoms. The goal is to catch problems early so patients do not have to be hospitalized.

Participants in the disease management program are given a scale that has a telephonic link to disease management vendor Alere Medical Inc., San Francisco. A small display console connected to the scale can be programmed to ask questions on a screen or through the use of an audio component.

Entering information

Congestive heart failure patients push "yes" or "no" to answer questions such as "Did you take your medicine yesterday?" or "Are your feet more swollen than usual?" The answers are automatically transmitted over standard telephone lines to Alere's database, where cardiac nurses review the information.

The nurses look at a computerized graph of each patient's weight over time. If they see weight going up, or if answers to the questions fall outside of parameters a patient's physician has set, the nurse calls the patient. After talking with the patient, the nurse might also decide to call the physician for further intervention.

"Traditional programs rely on patients to accurately report symptoms and weight changes, and self-reported weight is notoriously unreliable," says Laurie Greenberg, M.D., regional vice president of PacifiCare's quality improvement operations. "The Alere system establishes a critical link between the patient and the physician, allowing for early intervention when a patient's condition deteriorates."

In a study of 36 patients enrolled in a disease management program that uses the device, 21% of the patients had their treatment plan adjusted as a result of information passed to case managers via the device. Only about one-third of these patients were rehospitalized within six months of their initial hospital discharge, compared to about half of the patients who were enrolled in the disease management program but were not using the device.

Enabling patients to frequently exchange information with clinicians is very useful. But when these clinicians have access to best practice information, they then can help their patients even more, experts say. That's why many HMOs use information technology to help physicians get a better handle on which clinical interventions work--and which don't.

Provider profiling systems review claims data and outcomes to determine best practices. The systems also profile individual medical practices' or individual physicians' practice patterns and then compare these practices to others or to established guidelines.

Physician profiling

Using a physician profiling system is an important medical management initiative at United HealthCare, the Minneapolis-based national managed care company. Providing physicians with information so they can improve their practice is one of the reasons why United has reduced the use of pre-authorizations to control medical costs, says Jay Silverstein, United's spokesperson.

United uses an information system developed in-house to produce reports that show physicians how their treatment practices in diabetes, congestive heart failure and breast cancer and other conditions compare to nationally accepted clinical guidelines.

For example, treatment of atrial fibrillation with blood thinners can result in the reduction of strokes for patients over the age of 65. United has sent physicians reports that show the percentage of their patients receiving the recommended care. "We are changing the standard of providing physicians only cost and utilization data that does nothing to actually improve patient care," says Lee Newcomer, M.D., chief medical officer. "We believe that physicians will use this information to further improve the care delivered in their offices."

Aetna U.S. Healthcare--a Blue Bell, Pa.-based 29 million-member managed care organization--is trying to add even more power to its profiling efforts. It is analyzing both hospitals and physician groups. U.S. Quality Algorithms, the quality measurement affiliate of Aetna, is using data from its information systems to produce reports designed to help hospitals reduce avoidable medical errors.

"By supporting research into the causes of medical errors, and leveraging our information systems and data analysis capabilities, we hope to provide assistance in this critical effort to improve patient safety," says John T. Kelly, M.D., Aetna U.S. Healthcare's director of physician relations. "We want to expand our information sharing initiatives to help our participating hospitals improve patient safety."

Sometimes, however, when HMOs pass clinical best practice information on to physicians, the doctors balk, viewing the suggestions as an intrusion on their clinical decision making autonomy, says Sarah Whitis, R.N., the CIO at Western Health Advantage, a 50,000-member HMO based in Sacramento, Calif.

So instead of collecting the data, doing the analysis and then returning the results to physicians in the HMO, Western Health gives physician profiling software to the physicians themselves. All of the physicians in the HMO contribute to a shared database. The software analyzes this data to determine best clinical practices.

Best practices

Leaders in the physician groups, however, then use the profiling software from McKesson HBOC Inc., San Francisco, to determine how individual physicians compare to the best practices.

Allowing physician practices to do their own profiling, Whitis says, is much more effective than issuing edicts from the health plan.

"This is all very important from the doctors' standpoint. They are much more likely to respond to suggestions for improvement if it is coming from another physician than if it is coming from a remote health plan," Whitis says.

The physician practices also use the information to make care suggestions to patients. For example, if a medical group identifies that a certain set of patients need mammograms, they could follow up with a letter to these patients. Having a physician communicate directly with patients is more effective than health plan communication, Whitis says.

"Consumers are more likely to listen to the advice of their doctor than to something coming from a health plan," Whitis says. "A lot of times when members get letters from health plans, they just disregard them."

Better health, reduced costs--guess who pays?

Maria Elena Alioto has finally found a way to manage the huffing and the puffing. Having suffered with asthma for most of her life, she's happy that she has a tool that enables her to gain better control of the debilitating condition. It's the financing that gets her riled up.

"My quality of life improved dramatically. Before, it was just such a burden to have asthma," Alioto says. Alioto attributes her health improvement to a comprehensive disease management program that includes use of an Internet-based application from Lifechart.com, Mountain View, Calif. to take control of her asthma, Alioto uses Lifechart.com. The asthma monitor measures and tracks her breathing capacity and then automatically sends the results via modem to a Web site where clinicians can access the data.

Alioto uses the application several times a day. She blows into the device and then her breathing capacity is measured. The results are presented to her visually. For example, if she is in the yellow range, it means that she needs to take a certain medication. If she is in the green range it means that she has been exposed to cats and needs another medication.

"The colors flash and then I automatically know what is going on and what I need to do," she says. "I don't have to wait until I feel bad to take some action."

Automatically tracking her ups and downs helps Alioto get a better handle on her asthma.

Sending the respiratory data through the built-in modem to the Internet helps clinicians do the same. The clinicians can simply access the secure Web site to review a chart that represents Alioto's daily respiratory health.

Such interaction makes both Alioto and her caregivers more involved in her care. Alioto, for example, comes to physician appointments prepared with useful insight and questions about her care. And, the clinicians send instructions to Alioto's Web page regularly, instead of just waiting for her to appear for an appointment or, in extreme cases, at the emergency room.

In turn, this more interactive care process has enabled Alioto to significantly reduce the number of times she needs to go to the the hospital emergency department and the physician's office. In addition, the program helps her to take the correct amounts of prescription medicines, thereby reducing medication intake as well.

All worked up

The technology has made a huge difference in the quality of life for Alioto, a 45-year-old San Francisco resident. What miffs her is that she is paying for the technology out of her own pocket. Alioto paid \$100 for the system and is paying a \$10 monthly enrollment fee. Her HMO has refused to pay for the Internet-based monitoring tool--even though it is saving the organization a lot of money.

"I am saving my HMO a tremendous amount of money. I have approached them about reimbursing me for the technology but they don't yet understand how it will help them financially," she says.

Life Chart.com also is hopping that HMOs realize the value of such technology. The company has been working to sign contracts with a number of managed care organizations, but has yet to sign a deal.

Before that can happen however, experts say, the managed care organizations have to take a longer view and realize that the device will ultimately result in cost savings.

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High-Tech 360

(Advice is provided for determining if a firm is prepared for a technology solution for conducting 360-degree feedback)

Article Author(s): Bracken, David W; Summers, Lynn; Fleenor, John

Training & Development, v 52, n 8, p 42-45

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ABSTRACT:

Advances in information technology are making Internet-based 360-degree feedback programs more simple, require less labor, and cheaper. A 360-degree feedback is basically a group of surveys contained in a Website. Most vendors that offer online feedback have integrated the entire administrative procedures needed to conduct such program into the engine that operates a Website operate. An administrator, typically a human resources (HR) professional, is tasked to establish and maintain the 360-feedback program. Through a telephone or desktop linked at the administrator's page on the Website, the administrator collaborates with the service provider and institutes the parameters that will be implemented on the firm's 360 process by "flipping" a set of switches at the Website. There are a number of approaches that can be used to make an Internet-based solution enhance a 360-degree feedback program. In the area of logistics, for instance, an Internet-based 360 feedback utilizes e-mail to communicate among users, instead of the conventional paper method. Unlike paper forms which are distributed to be filled-up, e-mail forms are accomplished online at the Website and are gathered electronically the moment raters finish them. Article discusses the others methods that can be used to improve a 360-degree feedback process through the Internet.

TEXT: By David W. Bracken, Lynn Summers, and John Fleenor

Here's a technology solution for conducting 360-degree feedback--and a way to determine whether your organization is ready.

There's a strong move beyond the traditional use of 360 feedback only for development to link it instead to an organization's performance management system. Because such programs are complex, labor intense, and expensive, it's difficult to imagine expanding one to cover an entire workforce. But information technology is making that more practical. Can it make 360 easier? Is your organization ready for high-tech 360?

In its simplest form, an Internet-based 360 process consists of a survey loaded at a Website. Most service providers (vendors that offer the online feedback) build into the engine that runs a Website many of the administrative steps involved in conducting 360--from start to finish. Within an organization, an administrator (usually an HR professional) is responsible for setting up and maintaining the Internet-based process. The administrator interacts with the service provider over the phone or online at the administrator's page on the Website and sets the parameters for the company's application of the 360 process by "flipping" a series of switches at the Website.

Let us assume that a 360 process has been set up by your organization to be conducted over the Internet. Here's how your own personal 360 evaluation might work.

You receive an email from the service provider giving you instructions and timeframes for the assessment. Next, using your PC's standard browser, you access the service provider's Website on the Internet and key in your personal ID and password. Then, you create a list of raters who will be asked to provide feedback about you. As you build your rater list, you can select names from a drop-down menu of company employees or enter other names and email addresses. Some raters might already have been preloaded onto your list--such as your boss, your staff, and yourself. Usually, your boss or an HR representative reviews the selections.

Next, raters are sent an email message requesting them to go to the Website and complete an assessment. At the end of the time window, feedback on you and other participants is collected, collated, and assembled into feedback reports. The administrator sets all of the parameters up-front, including timeframe, deadlines, content, email wording, identification of rater groups, and provisions for anonymity, such as how and to whom feedback reports will be routed.

An Internet-based system runs on the service provider's computer system. Employees of the client organization access the Website through their browsers the same way they would access the New York Times or ESPN Websites. In contrast, an intranet process is delivered on a company's LAN (local area network) and is owned, operated, and maintained by the company rather than a service provider.

Here are several ways an Internet-based solution can improve the 360 degree feedback process.

Logistics. In an Internet-based process, email replaces paper communication. The forms are not distributed but are filled out at the Website and collected electronically as raters complete them. The administrator doesn't have to initiate each communication or touch each form because distribution and collection are automatic. Raters don't receive separate communications from all of the feedback recipients. The information is collated, and one email is sent to each rater regardless of the number of assessments that a rater has been requested to do. So, with most systems, you aren't trading a paper logjam for an electronic one. Thus, things are easier logistically for participants, raters, and administrators.

If an assessment is being used for administrative rather than development purposes, a participant can ask her supervisor to check her rater list online to make sure there's a fair representation of raters. In fact, that request can be made via email from the service provider as part of the administrative automation.

To reduce the chances of someone being rated by bogus raters, security provisions can block raters without valid IDs and passwords from gaining access to the Website. If a rater list is preloaded from the employee database, a participant's supervisor and staff are already known by the system. Raters can receive training through an interactive online module before they do any rating. That feature alone can save a bundle in terms of time and resources and can produce more accurate ratings.

During the time window for completing assessments, it's recommended to send reminder emails to raters who haven't done their ratings. Some still might not respond. In such cases, their supervisors should be notified by email. That can also be handled automatically by the service provider's system.

Rater overload. An interesting technological solution to rater overload is to set a cap on the number of assessments any one rater can be asked to complete--for example, a limit of 15 assessments. As participants build their rater lists, the system keeps track of how many participants each rater is being asked to assess. If a participant enters a 16th name on a list, he will get a notice onscreen saying that rater is "booked up."

There will always be an overload problem, however, for supervisors who have to evaluate a large number of staff, all by the same due date. Even a high-tech system can't reduce the number of staff. But what it can do is shield a supervisor from having to rate an excessive number of nonstaff people in addition to direct reports. Another thing it can do is make the process of completing an assessment less onerous than filling out and mailing a paper form. That's due partly to Web design, and we'll see improvements in that as providers gain experience conducting online assessments. Regardless of the technology, the questionnaire has to be concise--that is, no more than 60 items.

Rater reliability. Some technical steps can improve the quality of rater-provided data. Because raters interact directly with the system as they make their ratings, the system can respond directly when their responses fall outside predefined limits. For example, a system can look for instances in which a rater gives the same rating on all assessment items--such as, all 5s. Such "straight ticket" scoring is most likely due to the rater rushing through the assessment without carefully reading the items. In such cases, the system can issue a friendly warning and suggest

that the rater go back and find some items that might rate other than a 5. Some systems can prevent invalid input from being submitted.

Insulating layer of comfort. One reason companies often use an outside provider to conduct 360 feedback is that raters are more likely to be candid when they know that the data is being collected by an independent firm. Intranet administration of 360 programs in which data is collected on a company's LAN doesn't provide raters with an insulating layer of comfort. One way to increase rater accountability with technology-based systems is to give raters feedback reports on how closely they agree with others' ratings of the same participants. That gives raters a frame of reference: Are their ratings more severe or more lenient? You can do that with an Internet-based system because the raters' identities are known to the system, and it's important to ensure their confidentiality. In a paper-based approach, typically the raters' identities are not captured.

Creating behavior change. Before participants read their feedback, they can complete an online training module that prepares them to accept the feedback. In feedback workshops we've conducted, we have seen that a similar exercise helps reduce participants' defensiveness. An online program is especially effective when used as a prerequisite to working with a feedback coach.

In addition, participants can work with a virtual feedback coach online to help prepare their development plans. At the conclusion of the assessment process, they go to the Website and read their feedback reports. The site links to an interactive development-planning system that guides them through steps to identify key development needs and design an individual development plan to address those needs. Periodically, the site should be updated to reflect participants' progress. Such online modules aren't meant to substitute for face-to-face discussion with a supervisor or feedback consultant. The intent of hooking up 360 feedback to Internet technology isn't to remove all human interaction; it's to cut down on the resources your company has to expend on the administrative aspects of 360 so that those resources can be redirected towards such value-adding activities as feedback and development planning, whether with a coach or supervisor. Online modules help optimize face-to-face discussions.

Cost. Internet applications are designed to handle volume, and much of the administrative labor is automated. Consequently, the price per participant is usually considerably less than with traditional methods, and administrative work is reduced substantially.

One distinction between Internet and intranet solutions is that intranet applications require the installation of software programs. Your organization pays for the software and each upgrade--a substantial investment. With an Internet system, there's nothing to install. Standard Internet browsers get you to the Website. Some service providers have a "pay as you go" cost structure: You pay on a perparticipant basis whenever the service is used. The cost of startup is low; when the service provider upgrades the system, the new features are available to all users immediately.

Look before you leap

Before you try to use an Internet-based 360 system, you should evaluate your organization's readiness. Here are several factors to consider.

Prior 360-feedback experience. If employees are accustomed to a traditional 360-feedback process, the transition to Internet-based 360 should be welcome--for two reasons. One, users will find that an Internet application alleviates such administrative burdens as rater nomination, survey administration, and reporting. Two, the Internet is a secure, confidential medium; that could be especially attractive to raters who might have felt exposed in prior 360 approaches when the data was collected and stored in-house.

Accessibility. Access to the Internet is a key factor in technology-based 360. So when employees don't have direct Internet access through their PCs, the benefits of an Internet solution can dissipate. One solution is to provide computer kiosks that nonconnected employees can use. Another option is to use

multiple media--for example, the Internet for connected employees and paper forms for those who aren't. That can, however, increase the cost and logistical complexity. And it may raise the question whether different technologies produce different ratings.

Familiarity. Though completing a questionnaire using the Internet may not sound particularly challenging, it can be daunting for new Internet or intranet users. Even experienced users can become frustrated if the process isn't clear, easy to navigate, and tolerant of mistakes and lost connections. If your organization already uses the Internet for other applications, such as benefits enrollment or job postings, it's an ideal candidate because employees are likely to be comfortable online--making the addition of 360 feedback a minor step.

A technology-supportive culture. Companies that embrace technology in general are quicker to welcome an Internet 360 process. In those that view technology as a way to achieve competitive advantage, there's an expectation that all work processes should apply the latest technology: Enter 360. Companies at the other end of the continuum are technology-averse or have senior management teams that resist change. An ideal situation is when a company has used other technologies that have been less efficacious than the Internet so they are aware of the benefits of putting processes online. **Technical sophistication.** Technical savvy can be a double-edged sword. Security issues arise as organizations and their employees become more educated and aware of the pros and cons of different technologies. The designers of 360-feedback systems must ensure full security and confidentiality for users, and they should communicate the system's features that protect it from unauthorized access. We know of one organization that hired an outside security firm to try to gain unauthorized access to its 360-feedback system. The security firm reported to employees that the data was secure. But most companies don't need to take such dramatic measures.

Adequate IT resources. The amount of internal IT assistance will vary from project to project. The good news about using the Internet, compared with some internally installed software, is that the Internet provider bears most of the burden for implementation. IT support will probably be most crucial during the early phases of a project when the system is being accessed for the first time. For example, employees with old versions of standard browsers may need to upgrade them.

One critical need is an accurate list of email addresses for all feedback recipients and for as many potential raters as possible. It's not unusual for 10 percent of a company's employee email addresses to be incorrect. The IT group should work with the service provider on firewall issues and security interfaces.

Geography. One compelling benefit of an Internet solution is transnational data access that's cost-effective and instantaneous. Companies with global sites will see a substantial advantage to an Internet application.

HRIS database. An advantage already discussed is that participants can easily and accurately select their raters, and the system can identify raters who have been selected too frequently. Depending on the way the administrator implements a 360 program, it may be necessary to access the HRIS database to identify participants; their demographics (such as department, location, and so forth); and, ideally, the reporting relationships (such as supervisor, staff, or peer). Having a reliable, up-to-date HRIS database is invaluable.

Not every company is ready to embrace an Internet 360-feedback application. Don't plunge into the high-tech waters without first investigating your company's readiness carefully. On the other hand, your competitors may already be making the move. There's evidence that companies that embrace such progressive HR practices as using 360 feedback for administrative purposes are more successful in terms of productivity, profitability, and market value than those that don't.

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Traditional 360 Feedback

If you work with a large organization, most of the employees probably know what 360 feedback is from their experience either as a participant or a rater. Such programs share these characteristics:

- * Multiple people rate you. You and your supervisor, peers, direct reports, and others (including customers) complete surveys that assess your behavior on the job. Usually, everyone's but the supervisor's and your own ratings are collected anonymously.
- * You get feedback. You receive a feedback report detailing the results of the assessment. You look for high points, low points, and gaps between your own and others' perception of your behavior. You can do that with the assistance of a professional feedback consultant.
- * You plan your development. Either the feedback consultant or your supervisor works with you to identify ways you can change your behavior to become more effective.

It's increasingly common for a company to use employees' feedback results to make such decisions as pay increase and promotions. Originally, 360 feedback was meant to be a development tool only, but it's being more widely used for appraisal because it tends to be more accurate than traditional, top-down appraisal. Often, a boss sees only one side of an employee's performance, usually the side the employee wants the boss to see. A supervisor might not be aware of many other aspects of an employee's performance or might show favoritism towards some employees because of factors unrelated to job performance. Also, many bosses have trouble giving honest performance appraisals if they're negative. So in many organizations, everyone gets good reviews regardless of actual performance.

Another problem with traditional 360 feedback is that the participants pick the raters. People can stack the deck with cronies or even complete all of the forms themselves. Also problematic is that raters sometimes check the wrong box indicating their relationship to the feedback recipient. That's why participants sometimes receive ratings from two "bosses."

Some traditional 360-feedback programs provide training for the raters to help them avoid such common rating errors as the halo effect, in which one very positive characteristic unduly influences the ratings on all behaviors--for example, rating someone as a good decision maker because he is an effective speaker. Another purpose of training raters is to calibrate them so that they understand clearly what they're supposed to be rating and so that they use a similar metric in making their ratings. Because training a lot of raters can drain resources, many companies skip that important step.

After raters complete their assessments, they typically mail the forms to a central service bureau for scoring. Feedback recipients receive reports mailed directly to them, a feedback specialist, or their supervisors, depending on company policy. Then, their supervisors schedule a session to review the results. As you can imagine (and perhaps have experienced), that can take weeks or even months. The process can be especially drawn out when the response rate is low and raters have to be cajoled into completing the assessments.

One reason some raters are late returning their forms is that they've been overloaded with requests from many participants. Supervisors can be especially overloaded. When 360 feedback is used for appraisal purposes, supervisors are generally required to rate each member of their staffs. Sometimes, a rater may make a heroic attempt to complete a lot of forms but succumbs to "rater fatigue." Unable to concentrate on the task at hand, the rater produces inaccurate and unreliable ratings, or may not return the form at all.

Although psychologists debate the meaning of reliability in 360-feedback applications, for all practical purposes it means accuracy. A participant wants raters to rate her accurately so that she can identify strengths and areas for improvement, and initiate appropriate development actions. If the 360 feedback is used for appraisal purposes, participants' companies want them to be rated accurately so that employee decisions will be based on valid information and be seen as fair.

Typically, traditional 360 does little to hold raters accountable for the accuracy of their ratings. That raises concerns about whether raters take their task seriously. Most approaches for holding raters accountable entail removing their anonymity--for example, giving face-to-face feedback in a group meeting. With their cover blown, they're likely to be less candid. The dilemma is that not holding raters accountable may make them take their task less seriously; holding them accountable may cause them to be too lenient in their ratings.

The aim of most 360-feedback programs is to get people to change their behavior on the job. In effect, a company is betting that participants will use their feedback to figure out how to become better-performing employees.

Participants receive feedback training more often than raters do. The training for participants emphasizes how to accept and act constructively on feedback. Sometimes, the feedback can come as a shock and be difficult to deal with. That's especially true if someone thinks of a characteristic or behavior as a strength and learns that others see it as a development need.

We've found that most people don't prepare a development plan after receiving feedback. Those that do typically focus on completing activities. For example, if the primary development need is to manage one's time more effectively, the development plan might be to attend a time-management seminar. Behaviorally oriented plans and accountability for acting on feedback are more likely to produce behavior changes. That usually involves sharing development plans with one's boss. All of that is time-consuming and costly, especially the training in development planning. Though those are excellent investments, there is a more efficient way to conduct 360--through technology.

A Readiness Worksheet Legend for Chart: A - Factor B - Low C - Medium D - High A B C

D Prior 360 Experience

No prior 360 experience

1-2 administrations

2 or more

and/or only for part of

administrations

the company

involving the entire

company

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New Handheld Nutrition Device Lets You Eat and Run; eDiets.com and Vivonic Partner to Create Mobile Dieting Program
BUSINESS WIRE

August 15, 2000

JOURNAL CODE: WBWE LANGUAGE: English RECORD TYPE: FULLTEXT

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DEERFIELD BEACH, Fla., and HILLSBORO, Ore.--(BUSINESS WIRE)--Aug. 15, 2000--eDiets.com, Inc. (OTCBB:EDET), the largest subscription-based online diet, fitness and counseling center, and Vivonic, (www.vivonic.com), the company that combines fitness and technology in personal improvement products, today announced a partnership that will bring eDiets.com's personalized diet and nutrition programs to Vivonic's handheld Fitness Planner.

Soon, eDiets.com members will be able to use the Vivonic Fitness Planner to "go mobile" with real-time access to their custom meal plans, as well as have in-hand access to accurate nutrition information including individual nutrient labels, calories, grams of carbohydrates, fats, proteins and more from Vivonic's extensive database within the handheld

Fitness Planner.

eDiets.com helps its members lose weight safely and naturally with a well-balanced and personalized weight-loss program designed by an in-house team of licensed dietitians, psychologists and technicians. Currently, over 131,000 paid eDiets.com members are enjoying the convenience and privacy of receiving 24/7 access to personalized meal plans, diet information, tools, professional advice and resources through the Internet.

"Many diet programs fail because they do not provide users with a sound nutrition plan, lack a simple way for the dieter to track their progress and do not provide support where and when dieters need it most," said David Humble, chairman and CEO of eDiets.com. "Together, eDiets.com and Vivonic are providing all three components sure to facilitate successful weight management and overall good health. This partnership represents the convergence of the privacy, convenience and anonymity our Web-based service provides with complete portability."

The Vivonic Fitness Planner is the recently launched handheld personal fitness tool that creates a personalized fitness program for users of all types, from people just beginning an exercise program to people who work out regularly. The Fitness Planner allows users to create a personalized fitness program, track their calories in and out, and get instant feedback on their progress towards their fitness and nutritional goals.

Paul Scagnetti, co-general manager of Vivonic said, "We're pleased to partner with eDiets.com and provide eDiets.com subscribers with the ability to easily take their customized diet plan with them, away from the computer and into real world situations. Both Vivonic and eDiets.com users will now have even more support to help them achieve their weight-loss goals. Studies have repeatedly shown that having accurate, easy to use information can help people make smart decisions about their fitness and nutrition. The combination of the Vivonic Fitness Planner and eDiets.com's customized programs gives our users the information they need to be successful."

The Vivonic Fitness Planner is available at leading sporting goods and specialty fitness retailers, as well as leading onlineetailers. A complete list is available at www.vivonic.com. The Fitness Planner retails for \$229, and Fitness Planner Software for Palm*/Handspring organizers retails for \$49.

About eDiets.com

eDiets.com, Inc. (OTCBB:EDET), founded in 1996 and with a community of over 2.3 million newsletter subscribers, is the leading online diet center. The Company has earned category leader status pursuant to the 1997 introduction of personalized diet programs based on individualized responses to a comprehensive online personal profile questionnaire, which elicits information regarding weight-loss goals, lifestyle, food preferences and/or restrictions, pertinent medical conditions, fitness level and attitude. eDiets.com members enjoy the benefits of a "virtual dietitian" that creates customized weekly meal plans, daily checklists, and grocery shopping lists, and provides both on and offline support. eDiets.com also issues one of the Internet's most popular health and diet newsletters, eDiets News, to over 2.3 million subscribers. eDiets.com was named a Forbes "Best of the Web" fitness and nutrition Web site by Forbes magazine for the year 2000.

Headquartered in Deerfield Beach, Fla., eDiets.com's management team consists of licensed dietitians and psychologists, a technical staff, and an experienced corporate organization.

Note to editors: For company or program information, contact eDiets.com, Merilee Kern, Marketing Communications Manager, 3938 Windansea Street, Las Vegas, NV 89147, 702/562-0064. Readers can also access our Web site at <http://www.eDiets.com>.

Certain statements made herein that use the words "estimate," "project," "intend," "expect," "believe" and similar expressions are intended to identify forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. These forward-looking statements involve known and unknown risks and uncertainties which could cause the actual results, performance or achievements of the Company to be materially different from those which may be expressed or implied by such statements. These risks and uncertainties include, among others, changes in general economic and business conditions, changes in product acceptance by consumers, effectiveness of sales and marketing efforts, loss of market share and pressure on prices resulting from competition, and inability to obtain sufficient financing. For additional information regarding these and other risks and uncertainties associated with eDiets.com business, reference is made to the prospectus in the Registration Statement on Form SB-2 and

other reports filed from time to time with the Securities and Exchange Commission. All forward-looking statements are current only as of the date on which such statements are made. The Company does not undertake any obligation to publicly update any forward-looking statements.

About Vivonic

Based in Hillsboro, Ore., Vivonic develops and markets consumer products that help people realize their personal improvement goals. Vivonic's management team consists of experts from the technology world, as well as experts from the health and fitness environment. Vivonic is a part of the Intel New Business Group, which was formed to nurture and grow new market opportunities.

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Greenville Hospital System Signs Agreement With PhDx e-SYSTEMS To Automate
Cardiac Rehabilitation Program
PR NEWswire
May 30, 2000 JOURNAL CODE: WPRW LANGUAGE: English RECORD TYPE: FULLTEXT

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ALBUQUERQUE, N.M., May 30 /PRNewswire/ -- Greenville Hospital System in South Carolina has partnered with PhDx e-SYSTEMS, an application service provider for supporting population health and disease management programs. PhDx HeartFitRx(R), a configured software application, will automate Greenville's cardiac rehabilitation program providing real-time outcomes information.

HeartLife(R), Greenville Hospital System's cardiac rehabilitation program, is a risk-reduction program that teaches patients proper exercise and diet, stress reduction and healthy lifestyle practices. In existence for 20 years, more than 1,400 patients actively participate in the program, while legacy information exists on more than 4,000 patients. With the help of PhDx HeartFitRx(R), the staff will now be able to manage clinical, health and behavioral outcomes in a paperless network involving multiple sites and program components.

Using real-time information, PhDx HeartFitRx(R) gives Greenville staff the ability to collect, report and track patients, populations, programs, activities and medical history. The application provides staff with health status, patient satisfaction, clinical outcomes and cost marker information.

"We needed to optimize patient care and data management," said William A. Webster, IV, Ph.D., HeartLife's director. "We're excited about Internet-based cardiac rehab management, rapid data aggregation and the ability to partner with the patient, physician, provider and payor in outcomes management."

Patients referred to the program will complete several surveys, establishing a baseline for future progress. Surveys include the SF-12(TM) Health Survey, the Duke Activity Status Index(DASI), Beck Depression Inventory and other customized surveys that compile information on demographics, social, health and diet habits, program satisfaction levels, medical history and clinical measures. The baseline information will help staff determine the appropriate programs and activities for each patient and will reschedule patients to complete the surveys again at three-month, one and two-year intervals.

"Soon patients with Internet access, can log on to PhDx MyHealthPage(TM)," said Annette Phillipp, Ph.D. MPH, PhDx's director, health management applications. "The password-protected portal gives patients the ability to complete surveys online and receive information from Greenville staff."

HealthLog kiosks, located at the cardiac rehabilitation centers, collect daily exercise and program goal information from over 150 patients each day. Each patient can access their own program goals and receive instant feedback on their progress.

"Our patients are risk reduction oriented and they like to compare results," said Webster. "They like daily feedback knowing they're closer to reaching their goals."

A separate intervention program within the application will track patients through the cardiac rehabilitation out patient phases II, III and IV. The application will capture the phase, date of the phase, patient untoward events, classes related to the current phase, and project the date of the next phase.

Since the information is captured in a single database, Greenville can access consolidated survey outcomes and intervention outcomes reports

The application will generate close to 30 standard reports with an option to create customized query reports. For the past 20 years, Greenville had collected some program information on the over 4,000 patients who had participated in the program. This information has been integrated into the database and will be used primarily for population reporting.

"We've finished the specs for a patient progress toward goals report, comparing each patient's progress with a subset of the population," said Phillipp. "The information will be sent to the referring physician for follow-up." Referring physicians can use the detailed report to better direct their patients' care.

About Greenville HeartLife(R) Cardiac Rehabilitation

HeartLife(R), a comprehensive heart disease reversal and cardiac rehabilitation program offered by the Heart Institute of Greenville Hospital System, helps patients reduce their risk of another heart problem and possible hospital admission by up to 50 percent. In existence for more than 20 years, the Heart Institute has become the cardiac care leader in South Carolina, performing more cardiac surgeries each year than any other heart center in the state.

About PhDx e-SYSTEMS

Founded in 1994, PhDx e-SYSTEMS is an application service provider and one of the first companies to deliver web-based software applications to healthcare enterprises via the Internet. The company provides tailored, integrated software applications, data collection services and data repository products for supporting population health and disease management programs. The PhDx web site is www.phdx.com. /CONTACT: Claire Catanach of PhDx e-SYSTEMS, 505-764-2291, ccatanach@phdx.com/ 20:04 EDT

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2/9/24 (Item 9 from file: 20)

DIALOG(R)File 20:Dialog Global Reporter

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MECON Announces New Web-Based Tools for Healthcare Cost Management And Planning

PR NEWswire

January 04, 1999

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New MECON-PEERnext(TM) Instantly Delivers Customizable Benchmarking Analysis

Via the Internet

1 SAN RAMON, Calif., Jan. 5 /PRNewswire/ -- MECON, Inc. (Nasdaq: MECN), a leading provider of benchmarking data and cost management
2 solutions for healthcare delivery systems, announced today the achievement of a dramatic leap in functionality and utility for its flagship MECON-
3 PEERx(TM) benchmarking product and service. The new MECON-PEERnext enables any healthcare client user with an industry-standard
4 browser to instantly access the industry's largest and richest comparative database. In addition, the interactive capability of MECON-PEERnext
5 now provides healthcare clients with the unprecedented ability to create and analyze benchmarking reports to their specifications online and obtain
a real-time response from the MECON data warehouse. MECON-PEERnext is available now.

"This technological breakthrough eliminates the need for users to install customized software on their computers in order to obtain
benchmarking reports," said Geoffrey Wood, Senior Vice President of Operations for MECON. "With the standard browsers that are already
installed on most PCs, any MECON client user can obtain relevant analytical data and reports in real-time. Additionally, healthcare users can analyze
10 any performance metric from their organization relative to a peer group or over time in either graphical or tabular format. Most importantly, this new
model simultaneously offers a new level of flexibility and utility to multiple levels of management in healthcare organizations. For many years, the
MECON-PEERx database has been used as a critical cost management tool by the senior management of healthcare organizations. Now,
departmental managers have the ability to obtain the data they need to support their strategic and operational planning through the analysis of
their operations."

15 Jim Berg, Executive Vice President and Chief Operating Officer of Genesis Medical Center of Davenport, Iowa, worked as a beta site for
MECON-PEERnext. Mr. Berg commented about MECON-PEERnext, "I oversee the operations of a large organization. When I need benchmark
information in order to make difficult and strategic decisions, I need it fast. The browser technology in MECON-PEERnext provides the quickest
access to benchmark information that I have seen. Unlike other models that deliver benchmarking information via email, MECON PEERnext is a truly
interactive web-based system that allows me to query with immediate results. With this new technology, all levels of my organization, including my
20 department managers, can obtain the special analyses they need to make strategic decisions fast. MECON-PEERnext makes working with my
managers so much easier because, in real-time, we are talking about strategy and making the right decisions together based on solid information."

Vasu Devan, President and Chief Executive Officer of MECON, said, "For many years, MECON has made the extra investments necessary to
rigorously architect its database and data models in order to deliver the benefits of a truly relational database. It is this relational structure that now
enables MECON to offer groundbreaking cost management and planning solutions that can be tailored to meet needs on both the healthcare
25 enterprise and the departmental level. By marrying the healthcare industry's largest and truly relational benchmarking database with industry-
standard web technology, MECON is raising the bar for the industry as a whole."

Devan continued, "MECON-PEERnext is without a doubt the most important new product ever introduced by this company. The Web is perfectly
suited to all sectors of our business, including the entire spectrum of data management, consulting services, and decision support tools. Over the
long term, our aim is to leverage our groundbreaking web-based platform to revolutionize the benchmarking business. We expect to maintain the
30 MECON innovative edge as we continue to implement our vision for the future."

MECON, The Benchmarking Solutions Company, brings an integrated solution to healthcare providers who are seeking answers to their cost
reduction challenges. MECON's family of benchmarking data, software products, and advisory services combine to find opportunities for
improvement, fix problem areas, and sustain high levels of performance. The Company's customers use the MECON suite of products and services
to quantify, develop, and implement strategies to reduce costs and improve quality across the continuum of care.

The foregoing text contains forward-looking statements that involve risks and uncertainties. The actual results of the Company could differ
materially from those projected in the forward-looking statements as a result of the impact of risks detailed from time to time in the Company's
filings with the Securities and Exchange Commission, including its most recent forms 10-QSB and 10-KSB. Readers should carefully review the risk
factors described in these documents.

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